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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/DE98/03046 10/13/1998

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 10	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Devonong Shah D.S. Examiner's Signature Initials				

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TITLE

MR IMAGING METHOD AND MEDICAL DEVICE FOR USE IN METHOD

FILING FEE RECEIVED 786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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